

L22 000161 080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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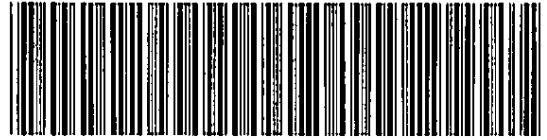
(Business Entity Name)

(Document Number)

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06/21/22--01020--022 **F0.00

SEP 12 2022

S. PRATHEF

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global medical Research Group LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin Lafleur
Name of Person
Global Medical Research Group LLC
Firm/Company
2739 Post street
Address
Jacksonville, Florida 32205
City/State and Zip Code
gmrgconnect@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Lafleur at 904 729-2141
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32304

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
1000 North Florida Avenue
Tallahassee, FL 32304

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Global Medical Research Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 5th, 2022 and assigned
Florida document number L22000161080.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Global Medical Resource Group LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2739 Post Street

Jacksonville, Florida 32205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Robin Lafleur

New Registered Office Address:

2739 Post Street

Enter Florida street address

Jacksonville

City

Florida

32205

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Robin Lafleur

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Robin Lafluer	2739 Post Street	<input type="checkbox"/> Add
		Jacksonville, Florida	<input checked="" type="checkbox"/> Remove
		32205	<input type="checkbox"/> Change
mgr	Robin LaFleur	2739 Post Street	<input checked="" type="checkbox"/> Add
	* corrected spelling of last name *	Jacksonville, Florida	<input type="checkbox"/> Remove
		32205	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Needed to correct the company/LLC name and
correct the spelling of the last name.

E. Effective date, if other than the date of filing: 4/5/2022 (optional):

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(a).

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier or:

(b) The 90th day after the record is filed.

Dated June 3, 2022.

Robin Lafleur
Signature of a member or authorized representative of a member

Robin Lafleur
Typed or printed name of signer

2022 JUN 21 PM 4:30
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA